

Georgia Department of Community Health
SFY2015 Hospital UPL - Notice of Intent to Transfer Form
Inpatient

Notice of Intent to Transfer form for Hospital UPL payment is **due by Friday, June 12, 2015.**
Tier 2 provider fee for Hospital UPL payment is **due by Monday, June 15, 2015; by noon.**

Name of entity sending the Tier 2 provider fee: _____

(Name of affiliated hospital)	Tier 2 provider fee amount
1.	
2.	
3.	
4.	
5.	
Total Tier 2 provider fee	

Expected method of transfer (select one):

EFT _____ ACH _____

Designated contact if additional information is needed:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Return completed form by fax to Ms. Annetta Smith at (404) 657-4199 or by e-mail to
asmith@dch.ga.gov